

☐ JUDGMENT
☐ APPROVING SETTLEMENT
☐ DISMISSAL

ORDER

☐ DISCONTINUANCE
☐ MED & TEMP
☐ OTHER

CASE NO.'S _____
Vicinage: _____

PETITIONER

SOCIAL SECURITY NUMBER

NAME

DOB

ADDRESS

ATTORNEY FOR
PETITIONER

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER

NAME

ADDRESS

APPEARING

VS

RESPONDENT

NAME

ADDRESS

ATTORNEY FOR
RESPONDENT

NAME

ADDRESS

APPEARING

INSURANCE
CARRIER

NAME, SELF-INSURED ☐ OR TPA ☐

CLAIM NUMBER

DATE OF ACCIDENT:

OR

OCCUPATIONAL EXPOSURE:

DESCRIBE (Briefly)

Weekly Wages

Rate(s)

/

IF RE-OPENED PETITION, INDICATE FOR LAST AWARD: DATE: _____ PERMANENT: \$ _____ TEMP: \$ _____

☐ This matter having come before the Court this _____ day of _____, 20 _____

☐ **ORDER FOR JUDGMENT:**

It appearing that the Petitioner suffered a compensable injury on the above mentioned date while in the employ of respondent; it is Ordered and Adjudged that petitioner be awarded compensation benefits, payable as indicated on Page 2.

☐ **ORDER APPROVING SETTLEMENT:**

The parties having settled the matter and a finding by the Court having been made that the terms of the settlement are fair and just; it is Ordered that this settlement be approved and the petitioner be paid as indicated on Page 2.

☐ **ORDER FOR DISMISSAL**

☐ **WITH PREJUDICE**

☐ **WITHOUT PREJUDICE**

This matter having come on for hearing upon the respondent's motion for Dismissal which was made and duly served and there being good cause shown, the claim petition herein is hereby dismissed for

☐ 1. Lack of Prosecution

☐ 2.

☐ **ORDER FOR DISCONTINUANCE**

This matter having come on before the Court and the Court having received evidence that this matter should be discontinued and for good cause shown. It is ORDERED AND ADJUDGED that this matter be discontinued for the following reasons:

☐ It is FURTHER ORDERED that the payment indicated on Page 2 be made a part of the Order for Discontinuance for petitioner's disability. (Percentages and members involved.)

☐

WE HEREBY CONSENT TO THE FORM OF THIS ORDER
AND ACKNOWLEDGE RECEIPT OF A COPY. (Sign if applicable)

STENO FEE _____ BY _____

(PETITIONER'S ATTORNEY)

(JUDGE OF COMPENSATION)

(DATE)

PETITIONER

NAME (PRINT OR TYPE)

(RESPONDENT'S ATTORNEY)